

**From:** Brad Nelson  
**To:** Michael C Henson; Ginger Vance - GMVANCE.s04064  
**Sent:** 7/28/2016 8:37:07 PM  
**Subject:** Refusal to fill Best practices

Here are the Best practices for refusing to fill prescriptions. Each prescription must be evaluated individually. Boards of Pharmacy do not give the Pharmacist the authority to Blanket Refuse ALL prescriptions from a prescriber. Following the policies and procedure outlined in the POM's will provide support and protection from retribution from Pharmacy Boards or regulatory agencies if the prescribers or patients file complaints.

## COMPLIANCE RIGHT WAY EVERY DAY

### REFUSAL TO FILL.

Pharmacists are granted the ability to exercise their professional judgment and choose to refuse to fill any prescription if they feel the prescription was written for other than a legitimate medical purpose. You and your staff are encouraged to review POMs 203,1311,1316,1317,1319 and 1703. Even after the Pharmacist established that there is a Dr/Patient relationship, the Pharmacist is still allowed to refuse to fill a prescription on an individual prescription basis, no blanket refusals are allowed by the Boards of Pharmacy. Key points:

- When any of the pharmacists on your team decides to not fill a prescription, then the requirements of POM 1703 apply and a refusal to fill or fraudulent activity webform **is required** to be submitted for each refusal.
- Once a pharmacist submits the refusal to fill or fraudulent activity webform, the information is then sent to the practice compliance team.
- If a pharmacist dispenses a prescription and subsequently learns (i.e. from law enforcement, a prescriber, another pharmacy or other sources) that the prescription was forged or altered, the pharmacist **is still required** to fill out the refusal to fill or fraudulent activity webform and follow the steps outlined in POM 1703.
- The documentation of these refusals is to provide details of the incident for the purposes of supporting the Pharmacists in their decision should any complaint be filed by a prescriber or patient with the Medical Board or Board of Pharmacy.

Unfortunately there are many prescribers that write for large quantities of controlled substances, however, this does not mean that you as a professional are required to fill these prescriptions. We encourage and support each Pharmacist in exercising his/her professional judgment, we simply ask that you follow the policies and procedures outlined in the Pharmacy operations manual to protect you and the company from false claims of discrimination from the Prescriber or the patient. We appreciate your concerns and understand the impact to your practice.

If you have any questions or concerns please feel free to contact Health and Wellness Practice Compliance: (479) 204-8014.

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**From:** Michael C Henson  
**Sent:** Thursday, July 28, 2016 3:32 PM  
**To:** Brad Nelson  
**Subject:** FW: Garfield Samuels

Please advise.

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**From:** Ginger Vance - GMVANCE.s04064  
**Sent:** Thursday, July 28, 2016 1:08 PM  
**To:** Michael C Henson  
**Cc:** Mekeda Glotfelty - MAGLOTF.s04064  
**Subject:** Garfield Samuels

Hello Michael:

Mekeda overheard several of Dr. Garfield Samuel's patients complaining outside our pharmacy that he does not examine them prior to writing C-II prescriptions. This is in addition to other red flags the prescriber already exhibits, such as his patients coming into the store in clumps on certain days, and with similar prescriptions. Previously, we had been calling the office and collecting information to verify proper patient prescriber relationship, but we are now concerned that this information may be fabricated. We had also been consistently checking the patients' PMPs.

We are no longer comfortable filling controlled medications from his office.

Is there a proper way to go about letting our patients know we will no longer be filling his prescriptions, and how do we handle our long-standing patients?

Any guidance is appreciated.

Thank you,

Ginger Vance  
Pharmacy Manager, Store 4064  
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